	_Muscadine
FOR INSTRUCTIONS, SEE BACK OF FORM	FORM STATEMENT
CHECK ONE:	DR-1 OF
	Reset Form (Rev. 10/2009) ORGANIZATION
* Statement must be filed within 10 days of committee accepting contribution.	s making expenditures or
incurring debts exceeding \$750. Amendments must be filed within 30 days of Effective January 1, 2010, all statements and reports filed by new committee.	of a change. Indexed
electronically and effective January 1, 2012, all statements and reports filed in must be filed electronically.	by all committees for state office Computer
Effective May 1, 2010, all statements and reports for State PACs and State F	Parties must be filed electronically.
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the opt old name in ( ).	candidate's last name in the name of the committee.) If amending committee name,
SORENSEN FOR SUPERVISOR	
IMPORTANT: Indicate type of committee you are reporting for: 5 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)S	Statewide PAC ( 3 )State Party ( 4 )County Central Committee
(5)County Candidate (6)City Candidate (7)School Board or Other Po (10)School Board or Other Political Subdivision PAC (11) Ballot Issue	olitical Subdivision Candidate (8 )County PAC (9 )City PAC e (including committee involved in multiple city/county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name July Dave Jones	Name ↓ ↓
Mailing Address Thatcher Rd	Malling Address ↓ ↓
	City, State ↓ ↓ Zip Code ↓ ↓
Witiscatine, IA 32761e + +	- State V Zip Code V -
Phone (563) 263-8155	Phone ( )
e-Mail Dave_jones@muscatinefoods.com	e-Mail
INDICATE PURPOSE OF COMMITTEE - Check One Box ✓ Advo Comment or description:	cate for/against candidate(s)  Advocate for ballot issue(s) Advocate against ballot issue(s)
All Candidates Enter: Office Sought: County board of supervisors	County/Local Candidates and Ballot Issue Committees Enter:
Denublican	County: Muscatine
Political Party (if applicable) Kepublican  District: 5	(If active in multiple ballot issue elections, attach list of counties
Year Standing for Election: 2010	Date of Election:
Bank Account Name (must match committee name)	Candidate name & Address or Parent Entity (PACs, if applicable).
***	↓ ↓ Affiliate, or Sponsor
• •	loff Coronean
SORENSEN FOR SUPERVISOR  Name of Financial Institution/type of Account	Jeff Sorensen  Mailing Address ↓ ↓
SORENSEN FOR SUPERVISOR	
SORENSEN FOR SUPERVISOR  Name of Financial Institution/type of Account   Central State Bank/Checking  Mailing Address	Mailing Address ↓ ↓
SORENSEN FOR SUPERVISOR  Name of Financial Institution/type of Account  Central State Bank/Checking  Mailing Address   301 lowa Ave	Malling Address ↓ ↓ 620 Wier St.
SORENSEN FOR SUPERVISOR  Name of Financial Institution/type of Account  Central State Bank/Checking  Mailing Address   301 lowa Ave  City   State   Zip    Zip	Malling Address ↓ ↓ 620 Wier St. City ↓ ↓ State ↓ ↓ Zip ↓ ↓
SORENSEN FOR SUPERVISOR  Name of Financial Institution/type of Account   Central State Bank/Checking  Mailing Address   301 lowa Ave	Mailing Address ↓ ↓ 620 Wier St.  City ↓ ↓ State ↓ ↓ Zip ↓ ↓  Muscatine, IA 52761  Phone (563) 264-3188
SORENSEN FOR SUPERVISOR  Name of Financial Institution/type of Account  Central State Bank/Checking  Mailing Address   301 lowa Ave  City   State   Zip    Zip	Mailing Address       ↓         620 Wier St.         City       ↓         Muscatine, IA       52761         Phone (563)       264-3188
SORENSEN FOR SUPERVISOR  Name of Financial Institution/type of Account  Central State Bank/Checking  Mailing Address   301 lowa Ave  City   State   Zip    Zip	Mailing Address ↓ ↓ 620 Wier St. City ↓ ↓ State ↓ ↓ Zip ↓ ↓  Muscatine, IA 52761  Phone (563) 264-3188  e-Mail askjeffsorensen@gmail.com
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